



National Center on
Substance Abuse
and Child Welfare

IN-DEPTH TECHNICAL ASSISTANCE (IDTA) INFANTS WITH PRENATAL SUBSTANCE EXPOSURE SITE PROFILE

NEW YORK

LEAD AGENCY: New York State Office of Alcoholism and Substance Abuse Services (OASAS)

LOCATION: Albany, New York

PROJECT ABSTRACT

In September 2016, the New York State Office of Alcoholism and Substance Abuse Services was awarded In-Depth Technical Assistance (IDTA) to address the needs of pregnant and parenting women with opioid use disorders (OUD), their infants with prenatal substance exposure, and their families. The overarching mission of this project was to improve prenatal outcomes; help women access substance use disorder treatment; and ensure that women, their infants, and family members have access to the array of services they need—resulting in healthy women, healthy pregnancies, healthy babies, and healthy families.

State partners initially worked in Onondaga County in Central New York State with a motivated cross-systems task force led by staff from Crouse Hospital and the Onondaga County Health Department. The initiative was expanded in its second year to include Washington, Warren, Saratoga, and Essex counties. The expansion was due in large part to work underway at Glens Falls Hospital in collaboration with members of a neonatal abstinence syndrome (NAS) task force.

The state leadership committee has focused on aligning state and local programs and practices to achieve their goals, reducing duplication, leveraging existing resources, and developing common standards across programs. One of their primary goals is to reduce stigma and biases against pregnant and parenting women with substance use disorders (SUD). State and local partners are developing and implementing outreach and engagement, screening, effective treatment, peer support, care coordination, and follow-up strategies that are designed to improve outcomes for women, their children, and families.

MAJOR PROGRAM GOALS

1. Increase universal screening for substance use of all women of child-bearing age—with a primary focus on pregnant women.
2. Increase identification and engagement in substance use treatment of women and infants, including outreach to women in marginalized populations.
3. Promote the use of peer recovery support services for pregnant and parenting women with SUD.
4. Identify and implement policy and practice changes as needed to comply with Child Abuse Prevention and Treatment Act (CAPTA) requirements and to promote child and family well-being.

ACCOMPLISHMENTS

- The Office of Children and Families (OCFS), in collaboration with other state agencies, developed and implemented a CAPTA policy related to infants affected by prenatal substance exposure. The NY CAPTA policy involves two tracks: one for infants for whom there are risk and safety concerns, and one for infants affected by prenatal substance exposure but without immediate safety concerns. The policy was implemented in several pilot counties with feedback provided to the state leadership team.
- The Department of Health (DOH), in collaboration with OCFS, is developing a statewide training for hospital staff on changes in CAPTA requirements related to the NY CAPTA policy, including notifications of infants affected by prenatal substance exposure and the development of Plans of Safe Care (POSC) for infants, their families, and caregivers.
- The American College of Obstetricians and Gynecologists (ACOG) District II, in collaboration with DOH and the Office of Alcoholism and Substance Abuse Services (OASAS), is working with OB-GYNs and other prenatal care providers to ensure Screening, Brief Intervention, and Referral to Treatment are standard practice for pregnant women and women of child-bearing age.
- OASAS and ACOG are developing a series of vignettes to assist OB-GYNs and other prenatal care providers with screening pregnant women for substance use and connecting them to further assessment and treatment when indicated.
- OASAS is working with local treatment providers in three Substance Abuse and Mental Health Services Administration grant locations to develop a wraparound model for serving pregnant and parenting women with substance use disorders and their infants and children. Peer recovery support is an integral component in these programs.
- Local implementation teams are developing a multidisciplinary approach for creating and monitoring POSC for pregnant women with SUD prior to delivery and following the birth event.

- ACOG District II, in collaboration with state partners and local hospitals and medical providers, developed two provider education bundles on OUD during pregnancy. The bundles reinforce early screening and connection to treatment when indicated, the development of POSC during pregnancy, collaboration with treatment agencies and other community partners, and follow-up during the critical postpartum period. The bundles have been made available to the National Center on Substance Abuse and Child Welfare (NCSACW) to be shared with other states and communities.

ADMINISTRATIVE STRUCTURE

The New York IDTA initiative has a multi-tiered administrative structure, with state and local oversight committees, local core teams, and goal-specific workgroups composed of both state and local representatives.

The State Oversight Committee is composed of deputy or associate commissioners from OASAS, OCFS, and DOH and a representative of the governor's Opioid Crisis Task Force.

Local oversight committees are composed of directors of health departments, hospitals, and treatment agencies.

The core teams are composed of directors and senior managers from state departments, and community partners from Onondaga, Washington, Warren, Syracuse, and Essex counties.

Workgroups are composed of core team members and other community partners as needed to address each goal.

KEY PARTNER AGENCIES

The *Infants with Prenatal Substance Exposure and their Families In-Depth Technical Assistance Program* encourages effective collaboration and partnerships, which are essential to systems improvement and change. Cross-system linkages between substance abuse and mental health treatment, child welfare, home visiting and other early intervention services, public health, hospitals and other medical providers, and other service systems are critical to this work.

The following partners are involved in the New York IDTA initiative:

- Office of Alcoholism and Substance Abuse Services (OASAS)
 - Bureau of Women, Children and Adolescent Services
- Office of Children and Family Services (OCFS)
 - Division of Child Welfare and Community Services

- Department of Health
 - Division of Family Health
 - Bureau of Women, Infant and Adolescent Health
 - AIDS Institute
 - Division of Hospitals and Diagnostic and Treatment Centers
- American College of Obstetricians and Gynecologists (ACOG), District II
- Governor's Opioid Task Force

Local implementation teams were developed with Crouse Hospital in Onondaga County and Glens Falls Hospital in Washington, Warren, Saratoga, and Essex counties. These teams consist of a broad array of community providers, including substance abuse treatment, child welfare, local hospital staff, prenatal care providers, pediatricians, local health departments, Perinatal Network, members of the NAS Task Force, Healthy Start and Nurse Family Partnership programs, and Federally Qualified Health Clinics.

Next Steps:

- Launch statewide training for hospital staff on CAPTA requirements, including process for notifications and POSC.
- Develop and implement training for SUD treatment providers on CAPTA requirements and the development of POSC during pregnancy.
- Develop a guidance document, timeline and strategic plan for building a multidisciplinary approach to working effectively with pregnant, postpartum, and parenting women with SUDs in communities across the state.

CONTACT US

For questions about this resource or to request technical assistance, please contact NCSACW at ncsacw@cffutures.org or 1-866-493-2758.

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